## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/019858

| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                     |             |                                             |              |                                         |                      | (Column 2)       |          | SMALL ENTITY TYPE   |                        | OR | OTHER THAN SMALL ENTITY |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------|--------------|-----------------------------------------|----------------------|------------------|----------|---------------------|------------------------|----|-------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |             |                                             | 16           |                                         |                      |                  | ſ        | RATE                | FEE                    | ]  | RATE                    | FEE                    |
| FO                                                                                                                                                                                                                                                                                                                                                                                                         | ıR          |                                             | NUMBER FILED |                                         | NUMB                 | ER EXTRA         |          | BASIC FEE           | 370.00                 | OR | BASIC FEE               | 890                    |
| то                                                                                                                                                                                                                                                                                                                                                                                                         | TAL CHARGEA | BLE CLAIMS                                  | minus 20=    |                                         | *                    |                  |          | X\$ 9=              |                        | OR | X\$18=                  |                        |
| INDEPENDENT CLAIMS 2 minus                                                                                                                                                                                                                                                                                                                                                                                 |             |                                             |              |                                         | *                    |                  |          | X42=                |                        | OR | X84=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                           |             |                                             |              |                                         |                      |                  |          | +140=               |                        |    | +280=                   |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                                                                   |             |                                             |              |                                         |                      | column 2         | į        | TOTAL               | -                      | OR | TOTAL                   | 800                    |
| CLAIMS AS AMENDED - PAR                                                                                                                                                                                                                                                                                                                                                                                    |             |                                             |              |                                         |                      |                  |          | TOTAL               |                        | OH | OTHER                   | THΔN                   |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             | (Column 1)                                  | (Colum       |                                         | nn 2)                | (Column 3)       |          | SMALL               | ENTITY                 | OR | SMALL                   |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total       | *                                           | Minus        | **                                      |                      | =                |          | X\$ 9=              |                        | OR | X\$18=                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent | *                                           | Minus        | ***                                     |                      | -                |          | X42=                |                        | OR | X84=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE | NTATION OF M                                | JLTIPLE DEF  | PENDEN                                  | CLAIM                |                  | ا ا<br>ا | +140=               |                        | OR | +280=                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                             |              |                                         |                      |                  | L        | TOTAL               |                        |    | TOTAL                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             | F                                           | ADDIT. FEE   |                                         |                      | ADDIT. FEE       |          |                     |                        |    |                         |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |             | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total       | *                                           | Minus        | **                                      |                      | =                |          | X\$ 9=              |                        | OR | X\$18=                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent | *                                           | Minus        | ***                                     |                      | =                | ╽╽       | X42=                |                        | OR | X84=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE | NTATION OF MU                               | JETIPLE DEF  | ENDEN                                   | CLAIM                |                  | ¹ [      | +140=               |                        | OR | +280=                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                             |              |                                         |                      |                  | L        | TOTAL<br>ADDIT. FEE |                        |    | TOTAL<br>ADDIT: FEE     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | . <u>.</u>  | (Column 1)                                  |              | (Colur                                  |                      | (Column 3)       |          |                     |                        |    |                         |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total       | *                                           | Minus        | **                                      |                      | =                |          | X\$ 9=              |                        | OR | X\$18=                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent | *                                           | Minus        | ***                                     |                      | =                | ┇        | X42=                |                        | OR | X84=                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE | NTATION OF MI                               | JLTIPLE DEF  | PENDEN                                  | CLAIM                |                  | ¹ ├      | +140=               |                        | OR | +280=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |                                             |              |                                         |                      |                  |          |                     |                        |    |                         |                        |